

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
BEST FRIENDS ANIMAL SOCIETY

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

5001 ANGEL CANYON ROAD

City or town, state or province, country, and ZIP or foreign postal code
KANAB, UT 84741

F Name and address of principal officer
GREGORY CASTLE
5001 ANGEL CANYON ROAD
KANAB, UT 84741

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number
23-7147797

E Telephone number
(435) 644-2001

G Gross receipts \$ 102,931,545

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BESTFRIENDS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile UT

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	838
	6	Total number of volunteers (estimate if necessary)	9,748
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	204,048
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 85,484,292 Current Year 80,895,783
	9	Program service revenue (Part VIII, line 2g)	3,325,318 3,179,820
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,140,700 1,193,775
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,556,136 1,874,915
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,506,446 87,144,293
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,438,004 4,942,981
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,499,132 41,020,007
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	479,218 345,238
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,575,909	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,028,187 35,544,106
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	77,444,541 81,852,332
	19	Revenue less expenses Subtract line 18 from line 12	14,061,905 5,291,961
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 94,111,893 End of Year 100,285,253
	21	Total liabilities (Part X, line 26)	14,915,529 14,886,070
	22	Net assets or fund balances Subtract line 21 from line 20	79,196,364 85,399,183

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

PAUL ALTHERR CHIEF FINANCIAL OFFICER

2017-08-08

Date

Paid Preparer Use Only

Print/Type preparer's name
DAVID SPERRY

Preparer's signature
DAVID SPERRY

Date

Check ☐ if self-employed

PTIN
P00176382

Firm's name ▶ TANNER LLC

Firm's EIN ▶ 20-2253063

Firm's address ▶ 36 S STATE STREET SUITE 600

Phone no (801) 532-7444

SALT LAKE CITY, UT 84111

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1 Briefly describe the organization's mission

TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS WE DO THIS BY DEMONSTRATING AND PROMOTING EXEMPLARY ANIMAL CARE AND BUILDING COMMUNITY PROGRAMS AND PARTNERSHIPS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 19,515,203 including grants of \$ 54,057) (Revenue \$ 104,684)

See Additional Data

4b (Code) (Expenses \$ 39,854,916 including grants of \$ 4,888,924) (Revenue \$ 40,869)

See Additional Data
























4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 59,370,119

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	183	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	838	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country ▶ VI, CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **Yes**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CT, DC, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, VA, WV, WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
PAUL E ALTHERR CFO 5001 ANGEL CANYON ROAD KANAB, UT 84741 (435) 644-2001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CASTLE CEO, BOARD MEMBER	40.00	X		X				196,202	0	12,362
(2) FRANCIS BATTISTA CHAIR OF BOARD	40.00	X						141,861	0	12,362
(3) LYNN FLANDERS BOARD TREASURER	1.00	X						0	0	0
(4) ANNE MEJIA DIR. OF PRINCIPLE GIFTS/BOARD SECRETARY	40.00	X						103,176	0	12,362
(5) CYRUS MEJIA ONBOARDING AND CULTURE/BOARD MEMBER	40.00	X						63,600	0	12,362
(6) KRAIG BUTRUM BOARD MEMBER	1.00	X						0	0	0
(7) ABIGAIL L. JONES BOARD MEMBER	1.00	X						0	0	0
(8) TIMY SULLIVAN BOARD MEMBER	1.00	X						0	0	0
(9) MOLLY JORDAN-KOCH BOARD MEMBER	1.00	X						0	0	0
(10) PAUL ALTHERR CFO	40.00			X				186,959	0	7,000
(11) JULIANNE CASTLE CDMO	40.00			X				173,826	0	12,362
(12) ANGELA L. EMBREE CIO	40.00			X				167,511	0	5,362
(13) SUSAN M. CITRO CDO	40.00			X				129,745	0	3,599
(14) JUDAH BATTISTA CRPO	40.00			X				108,891	0	12,133

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HOLLY SIZEMORE CNPO	40 00			X				113,072	0	11,867
(16) MARC A PERALTA EXECUTIVE DIRECTOR	40 00					X		132,670	0	18,264
(17) VALERIE DORIAN SR DIRECTOR DEVELOPMENT	40 00					X		139,230	0	0
(18) KAREN GALLARDO DIRECTOR OF PLANNED GIVING	40 00					X		124,281	0	4,041
(19) TARA TIMPSON STAFF VETERINARIAN	40 00					X		109,497	0	9,674
(20) NICOLE PETSCHAUER SENIOR VETERINARIAN	40 00					X		111,200	0	10,307
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,001,721	0	144,057

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 29

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NEWPORT CREATIVE COMMUNICATIONS INC 33 RAILROAD AVE DUXBURY, MA 02332	CONSULTING / PRINTING	6,911,666
WALSWORTH PUBLISHING CO PO BOX 310287 DES MOINES, IA 503310287	PRINTING	955,195
SOCIAL CAPITAL INC 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING	594,061
INSIDESQUAD INC 1137 MCDONALD AVE BROOKLYN, NY 11230	CONTRACTOR	514,193
MAXWELL CONSTRUCTION INC PO BOX 129 GLENDALE, UT 84729	CONTRACTOR	332,051

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 44

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a162,836	80,895,783			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e357,875				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f80,375,072				
	g	Noncash contributions included in lines 1a-1f \$	3,194,008				
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	PROGRAM EVENTS	Business Code 900099	2,136,007	2,136,007		
	b	CLINIC REVENUE	541900	1,043,813	1,043,813		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,179,820			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,148,926	1,148,926	
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties		17,577	17,577		
6a		(i) Real		707,377			
		(ii) Personal					
		Gross rents 707,377					
		Less rental expenses 0					
b		Rental income or (loss) 707,377					
c		Net rental income or (loss)		707,377	622,640		84,737
7a		(i) Securities		14,626,989	303,787		
		(ii) Other					
		Gross amount from sales of assets other than inventory 14,626,989					
		Less cost or other basis and sales expenses 14,722,300					
b		Gain or (loss) -95,311					
c		Net gain or (loss)		44,849	44,849		
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a			1,393,635				
b	Less cost of goods sold		901,325				
c	Net income or (loss) from sales of inventory . . .		492,310	473,102	19,208		
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE		722320	230,111	230,111		
b	CAFETERIA		722210	191,233	191,233		
c	MAGAZINE ADVERTISING		541800	184,840		184,840	
d	All other revenue			51,467	51,467		
e	Total. Add lines 11a-11d			657,651			
12	Total revenue. See Instructions			87,144,293	5,959,725	204,048	84,737

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,875,746	4,875,746		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	59,125	59,125		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,110	8,110		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,390,878	1,144,961	482,179	763,738
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,245,343	23,597,411	3,028,782	3,619,150
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	990,812	769,859	72,619	148,334
9	Other employee benefits	4,858,207	3,704,084	636,325	517,798
10	Payroll taxes	2,534,767	1,948,778	257,703	328,286
11	Fees for services (non-employees)				
a	Management				
b	Legal	155,233	14,279	110,282	30,672
c	Accounting	125,516		125,516	
d	Lobbying	203,350	203,350		
e	Professional fundraising services. See Part IV, line 17	345,238			345,238
f	Investment management fees	242,537		242,537	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,101,440	1,705,724	802,198	593,518
12	Advertising and promotion	4,009,834	3,103,627	335,780	570,427
13	Office expenses	9,544,171	2,243,215	385,379	6,915,577
14	Information technology	712,631	73,992	611,307	27,332
15	Royalties				
16	Occupancy	2,838,077	2,512,827	316,922	8,328
17	Travel	1,849,378	1,404,722	76,584	368,072
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,992,068	1,773,631	236	218,201
20	Interest	41,404	9,184	32,220	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,991,939	1,955,853	18,579	17,507
23	Insurance	300,916	86,511	214,103	302
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	ANIMAL CARE SUPPLIES	7,581,641	7,472,155	100,940	8,546
b	MISCELLANEOUS	365,559	286,716	46,912	31,931
c	VOLUNTEER APPRECIATION	242,772	200,214	3,164	39,394
d	ANGELS REST/CAFETERIA C	181,573	181,573		
e	All other expenses	64,067	34,472	6,037	23,558
25	Total functional expenses. Add lines 1 through 24e	81,852,332	59,370,119	7,906,304	14,575,909
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		2,681,130	1	2,445,327	
	2	Savings and temporary cash investments		5,568,397	2	7,858,527	
	3	Pledges and grants receivable, net		2,701,437	3	4,318,086	
	4	Accounts receivable, net		14,353,530	4	8,441,804	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		482,411	8	892,840	
	9	Prepaid expenses and deferred charges		1,162,623	9	1,288,715	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	46,334,216			
	b	Less: accumulated depreciation	10b	16,865,316	25,708,930	10c	29,468,900
	11	Investments—publicly traded securities		31,549,021	11	34,205,602	
	12	Investments—other securities. See Part IV, line 11		8,489,484	12	8,584,363	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,414,930	15	2,781,089	
16	Total assets. Add lines 1 through 15 (must equal line 34)		94,111,893	16	100,285,253		
Liabilities	17	Accounts payable and accrued expenses		8,644,529	17	9,094,623	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	920,960	
	24	Unsecured notes and loans payable to unrelated third parties		3,136,695	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		3,134,305	25	4,870,487	
	26	Total liabilities. Add lines 17 through 25		14,915,529	26	14,886,070	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		55,697,746	27	55,704,538	
28		Temporarily restricted net assets		10,567,214	28	17,419,479	
29		Permanently restricted net assets		12,931,404	29	12,275,166	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		79,196,364	33	85,399,183	
34		Total liabilities and net assets/fund balances		94,111,893	34	100,285,253	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,144,293
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,852,332
3	Revenue less expenses Subtract line 2 from line 1	3	5,291,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,196,364
5	Net unrealized gains (losses) on investments	5	1,525,236
6	Donated services and use of facilities	6	186,824
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-801,202
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,399,183

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	19,515,203	including grants of \$	54,057) (Revenue \$	104,684)
ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O						

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 39,854,916 including grants of \$ 4,888,924) (Revenue \$ 40,869)
INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - SEE SCHEDULE O

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number	23-7147797
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						509,580
6 Public support. Subtract line 5 from line 4						343,440,972

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	663,841	778,827	451,437	1,208,596	1,233,663	4,336,364
9 Net income from unrelated business activities, whether or not the business is regularly carried on	152,692	66,217	33,591	38,411	230	291,141
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	303,150	315,409	314,205	376,285	386,476	1,695,525
11 Total support. Add lines 7 through 10						350,273,582
12 Gross receipts from related activities, etc (see instructions)					12	13,393,715
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14 98 050 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15 97 400 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>
b	33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div>a</div><div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div></div> <div><div>b</div><div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div>a</div><div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div></div> <div><div>b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization fileForm 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	199,478													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,588													
c	Total lobbying expenditures (add lines 1a and 1b)	203,066													
d	Other exempt purpose expenditures	81,649,262													
e	Total exempt purpose expenditures (add lines 1c and 1d)	81,852,328													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☒ Y e s

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	140,861	159,181	188,134	203,066	691,242
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	10,085	4,007	7,939	199,478	221,509

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4	Number of states where property subject to conservation easement is located ► _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$ _____
(ii)	Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,477,560	11,145,637	9,121,830	6,853,383	3,698,754
b Contributions	160,355	9,370,546	1,755,147	1,800,869	2,822,442
c Net investment earnings, gains, and losses	920,542	-944,023	307,576	510,624	369,016
d Grants or scholarships					
e Other expenditures for facilities and programs	1,010,124				
f Administrative expenses	164,824	94,600	38,916	43,046	36,829
g End of year balance	19,383,509	19,477,560	11,145,637	9,121,830	6,853,383

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 33 940 %

b Permanent endowment ▶ 63 330 %

c Temporarily restricted endowment ▶ 2 730 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i) Yes No

3a(ii) Yes No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		6,846,116		6,846,116
b Buildings		28,193,967	10,951,096	17,242,871
c Leasehold improvements				
d Equipment		7,270,187	5,914,220	1,355,967
e Other		4,023,946		4,023,946
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				29,468,900

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING U S FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2012 THROUGH 2015

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT ENDOWMENT FOR VARIOUS PROGRAMS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING U S FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015 AND DETERMINED THERE WERE NO MAT ERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FO R EXAMINATION ARE 2012 THROUGH 2015

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes☒ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) ITALY - EUROPE			PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	8,110
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			8,110
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			8,110

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	8,110	WIRE TRANSFER			BOOK
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

0

3

Enter total number of other organizations or entities ▶

1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDING A LARGE GRANT , AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NEWPORT CREATIVE COMMUNICATIONS INC 21 RAILROAD AVE DUXBURY, MA 02332	CONSULTING		No	0	201,649	-201,649
2 SOCIAL CAPITAL 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING		No	0	295,002	-295,002
3 JUDY RAPP SMITH 6371 W 5TH STREET LOS ANGELES, CA 90048	CONSULTING		No	0	128,903	-128,903
4 CHANGEORG INC PO BOX 200153 PITTSBURG, PA 15251	CONSULTING		No	0	20,000	-20,000
5						
6						
7						
8						
9						
10						
Total					645,554	-645,554

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d) Total events (add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary: Add lines 4 through 9 in column (d) ▶				
	11	Net income summary: Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary: Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary: Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

2015

Open to Public Inspection

23-7147797

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PROVIDE FOOD FOR ANIMALS	22		4,957	FMV	ANIMAL FOOD FOR INDIVIDUAS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
PROVIDE ASSISTANCE FOR FOOD, (2) VETERINARY EXPENSES	11	54,168			

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDYNG A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEY CAT ADVOCATES INC	61-1343210	501(C)3	50,000				PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501(C)3	8,350				PROGRAM SERVICE SUPPORT
ANGELS OF ASSISI	54-2021941	501(C)3	13,998				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL AID FOR VERMILION AREA	72-1213047	501(C)3	7,000				PROGRAM SERVICE SUPPORT
ANIMAL ARK RESCUE INC	45-1744558	501(C)3	12,925				PROGRAM SERVICE SUPPORT
ANIMAL BALANCE	68-0630714	501(C)3	10,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CARE AND CONTROL TEAM-PA	45-3985637	501(C)3	19,670				PROGRAM SERVICE SUPPORT
ANIMAL RESCUE NEW ORLEANS INC		501(C)3	22,000				PROGRAM SERVICE SUPPORT
ANIMAL RESCUE OF NEW HAMPSHIRE	02-0222790	501(C)3	5,490				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMALS IN NEED RESCUE NETWORK	46-5765146	501(C)3	12,000				PROGRAM SERVICE SUPPORT
ARK-VALLEY HUMANE SOCIETY (CPS)		501(C)3		10,092	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ASHLEY VALLEY COMMUNITY CATS	46-2197750	501(C)3	7,500				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PETS ALIVE	74-2893360	501(C)3	30,830				PROGRAM SERVICE SUPPORT
BARC	30-0021149	501(C)3	12,050				PROGRAM SERVICE SUPPORT
BENNIE- RESERVATION		501(C)3		10,165	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK AND ORANGE CAT FOUNDATION		501(C)3	9,000				PROGRAM SERVICE SUPPORT
BLACKHAT HUMANE SOCIETY		501(C)3		5,723	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BROTHER WOLF ANIMAL RESCUE	20-8787719	501(C)3	8,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACHE HUMANE SOC-LOGAN	51-0187825	501(C)3	31,050				PROGRAM SERVICE SUPPORT
CAGE FREE K9 RESCUE	26-1412219	501(C)3	7,500				PROGRAM SERVICE SUPPORT
CAMDEN COUNTY ANIMAL SHELTER	20-0549531	501(C)3	11,375				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON CATS RESCUE	46-4828084	501(C)3	23,580				PROGRAM SERVICE SUPPORT
CAT ADOPTION TEAM	20-0773819	501(C)3	17,280				PROGRAM SERVICE SUPPORT
CAT CARE HOSPITAL INC	58-2063366	501(C)3	6,156				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAT HAVEN INC	72-1454718	501(C)3	15,000				PROGRAM SERVICE SUPPORT
CAT TOWN	27-3838132	501(C)3	10,000				PROGRAM SERVICE SUPPORT
CATS CATS CATS RESCUE INC	81-1875595	501(C)3	10,950				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF SAN ANTONIO	74-6002070	GOVERNMENT	80,454				PROGRAM SERVICE SUPPORT
CLARK COUNTY HUMANE SOCIETY INC	39-1595272	501(C)3	5,370				PROGRAM SERVICE SUPPORT
COLONY CATS AND DOGS	04-3749543	501(C)3	7,355				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY CATS		501(C)3		25,229	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
COMPANION ANIMAL ALLIANCE	27-1204719	501(C)3	8,531				PROGRAM SERVICE SUPPORT
COMPANION ANIMAL RESCUE OF ASCENSION	90-0877497	501(C)3	10,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIS COUNTY ANIMAL SERVICES	87-6000297	GOVERNMENT	19,175				PROGRAM SERVICE SUPPORT
DESERT PAWS RESCUE	06-1721946	501(C)3	7,000				PROGRAM SERVICE SUPPORT
DOGS WITHOUT BORDERS	20-5123869	501(C)3	45,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOLLY'S FOUNDATION-REA INC	27-4411340	501(C)3	22,000				PROGRAM SERVICE SUPPORT
DOWNTOWN DOG RESCUE	46-1958507	501(C)3	7,350				PROGRAM SERVICE SUPPORT
FAITHFUL FRIENDS INC	51-0410508	501(C)3	5,736				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FARR WEST ANIMAL HOSPITAL LLC	27-2048958	501(C)3	10,000				PROGRAM SERVICE SUPPORT
FDN AGAINST COMPANION ANIMAL EUTHANASIA	35-1917847	501(C)3	10,000				PROGRAM SERVICE SUPPORT
FERAL CAT COALITION OF OREGON	93-1168181	501(C)3	9,990				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIXNATION INC	83-0452460	501(C)3	151,300				PROGRAM SERVICE SUPPORT
FLAGLER HUMANE SOCIETY	59-2247034	501(C)3	5,800				PROGRAM SERVICE SUPPORT
FOOD FOUR PAWS PET PANTRY		501(C)3		11,238	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOR PETS SAKE INC		501(C)3		8,067	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FRANKLIN COUNTY ANIMAL SHELTER	01-0344891	501(C)3	8,900				PROGRAM SERVICE SUPPORT
FRIENDS FOR FELINES INC	27-0663113	501(C)3	8,850				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ARLINGTON ANIMAL SERVICES	41-2250126	501(C)3	10,749				PROGRAM SERVICE SUPPORT
FRIENDS OF FELINES KS	36-4570528	501(C)3	8,200				PROGRAM SERVICE SUPPORT
FRIENDS OF PALM SPRINGS SHELTER	33-0731853	501(C)3	65,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FTASPAY	36-4673985	501(C)3	16,000				PROGRAM SERVICE SUPPORT
FURKIDS INC	01-0766844	501(C)3	20,000				PROGRAM SERVICE SUPPORT
FURRY FRIENDS FREEDOM FOUNDATION	46-4724967	501(C)3	5,100				PROGRAM SERVICE SUPPORT

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GRANT COUNTY ANIMAL OUTREACH	20-8911406	501(C)3	6,970				PROGRAM SERVICE SUPPORT
GRANT COUNTY ANIMAL SHELTER	61-6000989	GOVERNMENT	20,390				PROGRAM SERVICE SUPPORT
HALO ANIMAL RESCUE	86-0832160	501(C)3	10,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAYWOOD SPAYNEUTER	56-1574745	501(C)3	10,000				PROGRAM SERVICE SUPPORT
HEALING HEART	65-1259371	501(C)3		16,042	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEARTS ALIVE		501(C)3		5,380	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEARTS ALIVE VILLAGE		501(C)3		7,917	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501(C)3	243,507				PROGRAM SERVICE SUPPORT
HELPING HANDS PET RESCUE INC	20-0530879	501(C)3	6,850				PROGRAM SERVICE SUPPORT

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HILLSBOROUGH COUNTY ANIMAL SERVICES	59-6000661	501(C)3	10,000				PROGRAM SERVICE SUPPORT
HUMANE ASSN OF WILSON CO	62-1048196	501(C)3	5,370				PROGRAM SERVICE SUPPORT
HUMANE OHIO	34-1897582	501(C)3	25,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF HARRIS COUNTY	58-2020386	501(C)3	25,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF PAGOSA SPRINGS		501(C)3		10,066	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	501(C)3	10,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF SOUTHEAST TEXAS	74-6060624	501(C)3	11,147				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TAMPA BAY	59-0799907	501(C)3	25,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF UTAH-MURRAY	87-0256350	501(C)3	18,500				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF WEST MICHIGAN	38-1360926	501(C)3	9,990				PROGRAM SERVICE SUPPORT
IDAHO HUMANE SOCIETY	82-0212536	501(C)3	12,500				PROGRAM SERVICE SUPPORT
IRON COUNTY		GOVERNMENT		8,070	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)3	126,425				PROGRAM SERVICE SUPPORT
KARMA RESCUE INC	04-3782227	501(C)3	28,300				PROGRAM SERVICE SUPPORT
KAUAI COMMUNITY CAT PROJECT	26-4305704	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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KENTUCKY HUMANE SOCIETY	61-0463938	501(C)3	74,515				PROGRAM SERVICE SUPPORT
KINDER4RESCUE	26-2924461	501(C)3	12,500				PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)3	300,000				PROGRAM SERVICE SUPPORT

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KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)3	68,400				PROGRAM SERVICE SUPPORT
KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	501(C)3	26,000				PROGRAM SERVICE SUPPORT
LA DEPT OF ANIMAL SERVICES	95-6000735	GOVERNMENT	76,102				PROGRAM SERVICE SUPPORT

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LA PLATA HUMANE		501(C)3		5,033	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
LABS & FRIENDSORG	45-3139097	501(C)3	31,165				PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501(C)3	44,950				PROGRAM SERVICE SUPPORT

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LATINO ALLIANCE FOR ANIMAL CARE FDN	45-4722654	501(C)3	6,000				PROGRAM SERVICE SUPPORT
LEXINGTON HUMANE SOCIETY	61-0444762	501(C)3	77,490				PROGRAM SERVICE SUPPORT
LIBERTY HUMANE SOCIETY INC	22-3585263	501(C)3	10,625				PROGRAM SERVICE SUPPORT

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LIFELINE ANIMAL PROJECT INC	01-0599278	501(C)3	101,580				PROGRAM SERVICE SUPPORT
LOUDON COUNTY FRIENDS OF ANIMALS	46-3105831	501(C)3	5,040				PROGRAM SERVICE SUPPORT
LOUIES LEGACY ANIMAL RESCUE	27-0805279	501(C)3	19,250				PROGRAM SERVICE SUPPORT

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LOUISVILLE METRO ANIMAL SERVICES	32-0049006	501(C)3	9,740				PROGRAM SERVICE SUPPORT
MARION ANIMAL RESOURCE CONNECTION	45-3711812	501(C)3	9,990				PROGRAM SERVICE SUPPORT
MASON COMPANY LLC	26-3355696	501(C)3	20,000				PROGRAM SERVICE SUPPORT

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MEOW NOW INC	46-4830300	501(C)3	10,000				PROGRAM SERVICE SUPPORT
MERRIMACK RIVER FELINE RESCUE SOCIETY	04-3172322	501(C)3	7,000				PROGRAM SERVICE SUPPORT
MESA COUNTY ANIMAL SERVICES		501(C)3		15,287	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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MESQUITE ANIMAL SHELTER		501(C)3		12,949	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NAKOLE-EMPLOYEE ORDERVILLE		501(C)3		7,530	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NATIONAL EQUINE RESOURCE NETWORKS	27-0487202	501(C)3	6,000				PROGRAM SERVICE SUPPORT

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NUZZLES AND CO	87-0482464	501(C)3	15,500				PROGRAM SERVICE SUPPORT
ONE MORE CHANCE	20-3588471	501(C)3		6,877	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION CENTER	26-1708518	501(C)3	620	26,367	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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PALM BEACH COUNTY ANIMAL CARE & CONTROL	59-6000785	501(C)3	30,000				PROGRAM SERVICE SUPPORT
PAWS FOR LIFE-UT	45-5358361	501(C)3	14,200				PROGRAM SERVICE SUPPORT
PAWS ST GEORGE	48-1288881	501(C)3	9,250				PROGRAM SERVICE SUPPORT

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PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	501(C)3	10,812				PROGRAM SERVICE SUPPORT
PEOPLE FOR ANIMALS INC	22-2331492	501(C)3	10,500				PROGRAM SERVICE SUPPORT
PET AID INC	72-1492593	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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PET ALLIES INC	86-0829565	501(C)3	435	34,386	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET COMMUNITY CENTER	45-1524886	501(C)3	90,000				PROGRAM SERVICE SUPPORT
PET SAMARITAN	87-0483236	501(C)3	7,500				PROGRAM SERVICE SUPPORT

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PETER ZIPPI MEMORIAL FUND INC	47-4691814	501(C)3	10,250				PROGRAM SERVICE SUPPORT
PIMA ANIMAL CARE CENTER	86-6000543	GOVERNMENT	10,309	20,376	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE AND CONTROL	86-6000556	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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PIT SISTERS INC	32-0355003	501(C)3	30,970				PROGRAM SERVICE SUPPORT
PLANNED PETHOOD OF GEORGIA	90-0516757	501(C)3	12,000				PROGRAM SERVICE SUPPORT
PLAQUEMINES ANIMAL WELFARE SOCIETY	46-0519776	501(C)3	9,875				PROGRAM SERVICE SUPPORT

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PURRFECT PAWPRINTS	90-0353655	501(C)3	5,675				PROGRAM SERVICE SUPPORT
RICHMOND ANIMAL LEAGUE INC	51-0240493	501(C)3	10,000				PROGRAM SERVICE SUPPORT
ROCKWALL PETS	45-2499166	501(C)3	25,000				PROGRAM SERVICE SUPPORT

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SADIES SAFE HAVEN		501(C)3		7,569	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SAN ANTONIO PETS ALIVE LLC	45-4141531	501(C)3	384,955				PROGRAM SERVICE SUPPORT
SAVING SUNNY INC	35-2379448	501(C)3	50,000				PROGRAM SERVICE SUPPORT

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SCOTT COUNTY HUMANE SOCIETY	31-1090052	501(C)3	13,270				PROGRAM SERVICE SUPPORT
SCRAPS HOPE FOUNDATION	26-4118735	501(C)3	22,500				PROGRAM SERVICE SUPPORT
SICSA PET ADOPTION CENTER	23-7367199	501(C)3	6,750				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMERSET-PULASKI COUNTY HUMANE SOC	61-1165562	501(C)3	25,000				PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	501(C)3	1,000	40,820	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SOUTHERN PINES ANIMAL SHELTER	64-0514796	501(C)3	20,775				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY MART INC	72-1418016	501(C)3	10,000				PROGRAM SERVICE SUPPORT
SPAY N SAVE INC	30-0693930	501(C)3	9,750				PROGRAM SERVICE SUPPORT
SPAY NEUTER PROJECT OF LA	20-8542566	501(C)3	205,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY4LA INC	45-2996980	501(C)3	41,250				PROGRAM SERVICE SUPPORT
SPECIAL PALS INC	74-2050052	501(C)3	5,320				PROGRAM SERVICE SUPPORT
ST TAMMANY HUMANE SOCIETY	72-0543369	501(C)3	12,170				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRAY CAT ALLIANCE	95-4787231	501(C)3	265,020				PROGRAM SERVICE SUPPORT
SUMNER SPAY NEUTER ALLIANCE	46-4175450	501(C)3	9,900				PROGRAM SERVICE SUPPORT
SYMPHONY ANIMAL FOUNDATION		501(C)3		7,906	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM WORLD INC		501(C)3	5,935				PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	501(C)3	27,055				PROGRAM SERVICE SUPPORT
THE ANIMAL PROTECTORATES	46-2323624	501(C)3	11,060				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CATS MEOW INC	90-0934692	501(C)3	8,750				PROGRAM SERVICE SUPPORT
THE FETCH FOUNDATION	38-3807057	501(C)3		11,652	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
THE GAP LORRAINE STAFF		501(C)3		8,477	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TINY PAWS KITTEN RESCUE INC	20-2636365	501(C)3	10,213				PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	501(C)3	5,325				PROGRAM SERVICE SUPPORT
VERONA STREET ANIMAL SOCIETY	74-3141579	501(C)3	31,941				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAGS AND WALKS	45-3749303	501(C)3	30,150				PROGRAM SERVICE SUPPORT
WALKING MAN INC		501(C)3	39,913				PROGRAM SERVICE SUPPORT
WILD BLUE ANIMAL RESCUE & SANCTUARY	27-1184549	501(C)3	12,550				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD CAT FOUNDATION INC	02-0647617	501(C)3	9,985				PROGRAM SERVICE SUPPORT
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	501(C)3	10,375				PROGRAM SERVICE SUPPORT
WINGS OF RESCUE INC	45-3343408	501(C)3	10,000				PROGRAM SERVICE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAVAPAI HUMANE SOCIETY		501(C)3		16,855	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501(C)3	13,200				PROGRAM SERVICE SUPPORT
ZIONS BANK		501(C)3	36,043				PROGRAM SERVICE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GREGORY CASTLE CEO, BOARD MEMBER	(i)	196,202 -----	0 -----	0 -----	7,000 -----	5,362 -----	208,564 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 FRANCIS BATTISTA CHAIR OF BOARD	(i)	141,861 -----	0 -----	0 -----	7,000 -----	5,362 -----	154,223 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 PAUL ALTHERRCFO	(i)	186,959 -----	0 -----	0 -----	7,000 -----	0 -----	193,959 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JULIANNE CASTLECDMO	(i)	173,826 -----	0 -----	0 -----	7,000 -----	5,362 -----	186,188 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 ANGELA L EMBREECIO	(i)	167,511 -----	0 -----	0 -----	0 -----	5,362 -----	172,873 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 MARC A PERALTA EXECUTIVE DIRECTOR	(i)	132,670 -----	0 -----	0 -----	7,000 -----	11,264 -----	150,934 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL PART I, LINE 1A BEST FRIENDS ANIMAL SOCIETY OWNS TWO SMALL, PISTON ENGINE-POWERED AIRCRAFT THAT ARE USED FOR ANIMAL TRANSPORT AND BY EMPLOYEES WHO OCCASIONALLY TRAVEL FOR WORK-RELATED PURPOSES. THE AIRCRAFT ARE FLOWN BY BEST FRIENDS' EMPLOYEES. BEST FRIENDS DOES NOT EMPLOY A FULL TIME PILOT. THE AIRCRAFT ARE NOT USED FOR ANY OTHER PURPOSE AND ARE NOT AVAILABLE FOR HIRE BY THE GENERAL PUBLIC.
PART I, LINE 3	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIANNE CASTLE	SPOUSE BD MEMBER CASTLE	181,678	EMPLOYEE COMPENSATION FOR THE FISCAL YEAR ENDING 9/30/2016		No
(1) JUDAH BATTISTA	SON BD MEMBER BATTISTA	115,960	EMPLOYEE COMPENSATION		No
(2) CARRAGH MALONEY	DAUGHTER BD MEMBER CASTLE	87,737	EMPLOYEE COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) LYNN BATTISTA	DAUGH-IN-LAW BD MEMBER BATTISTA	33,404	EMPLOYEE COMPENSATION		No
(1) SILVA BATTISTA	SPOUSE BD MEMBER BATTISTA	83,906	EMPLOYEE COMPENSATION		No
(2) JONATHAN SIZEMORE	SPOUSE OFFICER SIZEMORE	43,548	EMPLOYEE COMPENSATION		No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	110	79,841	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	80	976,970	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	185,484	1,197,829	FMV
20 Drugs and medical supplies	X	861	10,779	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ANIMAL AND CLEANING SUPPLIES)	X	82,791	207,167	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

Yes

No

Yes

No

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE BROKER TO SELL DONATED VEHICLES

2015

Open to Public Inspection

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	<p>AT THE HEART OF BEST FRIENDS ANIMAL SOCIETY'S WORK LIES BEST FRIENDS ANIMAL SANCTUARY - THE COUNTRY'S LARGEST NO-KILL SANCTUARY FOR COMPANION ANIMALS, NESTLED IN THE MAJESTIC RED ROCK CANYONS OF SOUTHERN UTAH. FOUNDED IN 1984, THE SANCTUARY WAS CREATED ON ONE SIMPLE BELIEF: THAT EVERY PET HAS A LIFE WORTH SAVING. SINCE THEN, THOUSANDS UPON THOUSANDS OF ANIMALS HAVE FOUND REFUGE HERE AND RECEIVED LOVE AND OUTSTANDING CARE AS THEY SEARCH FOR GOOD HOMES. ON ANY GIVEN DAY, SOME 1,600 DOGS, CATS, BUNNIES, BIRDS, HORSES AND OTHER BARNYARD ANIMALS CALL THE SANCTUARY THEIR HOME BETWEEN HOMES, WITH EACH ANIMAL RECEIVING ALL THE AFFECTION AND CARE NEEDED TO HEAL, BOTH PHYSICALLY AND EMOTIONALLY. BEST FRIENDS IS COMMITTED TO FINDING LOVING HOMES FOR AS MANY ANIMALS AT THE SANCTUARY AS POSSIBLE. BUT EVEN IF THAT RIGHT HOME NEVER COMES ALONG, THE ANIMALS ARE WELCOME TO CALL THE SANCTUARY HOME FOR THE REST OF THEIR LIVES. AT THE SANCTUARY, IN FISCAL YEAR 2016, 1,311 ANIMALS WERE WELCOMED. 1,108 ANIMALS FOUND LOVING FOREVER HOMES, WITH 35 PERCENT OF THEM HAVING SPECIAL NEEDS. WILD FRIENDS, BEST FRIENDS' UNIQUE STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY REHABILITATED 189 INJURED WILD ANIMALS AND AFTER THEIR FULL RECOVERY, RELEASED THEM BACK TO THEIR NATURAL HABITATS. FOR THOSE ANIMALS TOO INJURED OR TOO ACCLIMATED TO PEOPLE TO RETURN TO THE WILD, THEY RECEIVE A LIFETIME OF CARE AND BECOME TREASURED TEACHERS BY EDUCATING VISITORS AND VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES. NEARLY 32,000 PEOPLE VISITED, AND NEARLY 9,800 PEOPLE VOLUNTEERED TO HELP THE ANIMALS. ANIMAL CARE FACILITIES WERE RENOVATED TO MAKE BEST FRIENDS' CARE EVEN BETTER. WE CONTINUED TO UPGRADE AND REPLACE ALL OF THE FENCING IN THE OLD FRIENDS AREA OF DOGTOWN TO KEEP THE DOGS SAFE AND SOUND. PLUS, WE REMODELED ONE OF THE DOGTOWN BUILDINGS TO KEEP THE DOGS COMFORTABLE. AT CAT WORLD, WE ADDED NEW A NEW LAUNDRY ROOM AND KITCHEN TO THE KITTEN AREA TO MAKE IT EASIER FOR VOLUNTEERS AND STAFF MEMBERS TO PROVIDE TLC TO THE KITTENS. THE NEW DOG ADMISSIONS FACILITY OPENED IN OCTOBER 2015. THE BUILDING FEATURES MORE NATURAL LIGHT, EXTRA SPACE, EASY ACCESS TO THE OUTDOORS AND ENSURES THAT ALL DOGS, REGARDLESS OF THEIR SPECIAL NEEDS, EXPERIENCE A STRESS-FREE TRANSITION TO LIVING AT BEST FRIENDS. A TOTAL OF 349 DOGS HAVE BEEN ADMITTED THROUGH THE FACILITY SINCE IT OPENED. BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR. SPAY/NEUTER PROCEDURES - 3,897 (3,284 PUBLIC) DENTALS - 320 (74 PUBLIC) OTHER MISCELLANEOUS SURGERIES - 432 (199 PUBLIC) AFTER-HOURS EMERGENCIES - 122 (60 PUBLIC)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>WHEN BEST FRIENDS WAS FIRST FOUNDED, AN ESTIMATED 17 MILLION DOGS AND CATS WERE BEING KILLED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE THEY DIDN'T HAVE SAFE PLACES TO CALL HOME. TOGETHER WITH OUR MEMBERS, PARTNERS AND CARING PEOPLE AROUND THE COUNTRY, WE HAVE REDUCED THAT NUMBER TO ABOUT TWO MILLION PER YEAR. THAT'S TREMENDOUS PROGRESS, BUT WE WON'T STOP UNTIL WE SAVE THEM ALL THROUGH LIFESAVING PROGRAMS, SPECIAL EVENTS, TARGETED INITIATIVES, LEGISLATIVE EFFORTS AND A NETWORK OF VALUABLE PARTNERSHIPS WITH ANIMAL WELFARE ORGANIZATIONS (MORE THAN 1,800 AND COUNTING). BEST FRIENDS IS WORKING TO END THE KILLING OF DOGS AND CATS IN SHELTERS FOR GOOD. IN FACT, WE'VE EVEN PUT A DATE ON IT. IN 2016, BEST FRIENDS PUT A STAKE IN THE GROUND AND ANNOUNCED A BOLD NEW GOAL TO END THE KILLING OF DOGS AND CATS IN SHELTERS AND MAKE THE COUNTRY COMPLETELY NO-KILL BY 2025. IN FISCAL YEAR 2016, BEST FRIENDS DIRECTLY HELPED 187,693 PETS THROUGH OUR SANCTUARY, REGIONAL CENTERS, INITIATIVES AND NATIONAL PROGRAMS PERFORMED 97,296 SPAY/NEUTER SURGERIES AT OUR CLINICS AND THROUGH OUR PROGRAMS FOUND HOMES FOR 84,673 ANIMALS THROUGH OUR ADOPTION CENTERS, EVENTS AND PROMOTIONS PROVIDED SECOND CHANCES TO 4,045 NEWBORN KITTENS AT OUR KITTEN NURSERIES. OTHER FISCAL YEAR 2016 HIGHLIGHTS NETWORK PARTNERS AND OTHER NATIONAL OUTREACH. BEST FRIENDS SUPER ADOPTION EVENTS ARE STILL THE LARGEST ADOPTION EVENTS IN THE COUNTRY. TAKING PLACE TWICE A YEAR IN NEW YORK CITY, LOS ANGELES AND SALT LAKE CITY, THEY BRING TOGETHER RESCUE GROUPS, SHELTERS AND THOUSANDS OF ADOPTERS TO FIND HOMES FOR AS MANY PETS AS POSSIBLE. IN 2016, 2,652 PETS FOUND HOMES AT SUPER ADOPTION EVENTS. STRUT YOUR MUTT, A NATIONAL FUNDRAISER THAT HELPS RAISE MONEY FOR HUNDREDS OF ANIMAL WELFARE GROUPS (AND THE ANIMALS), NOW TAKES PLACE IN 14 CITIES ACROSS THE COUNTRY, PLUS THERE IS A VIRTUAL EVENT FOR PEOPLE WHO DON'T LIVE NEAR EVENT CITIES. IN 2016, STRUT YOUR MUTT RAISED A TOTAL OF \$2.6 MILLION, WITH NEARLY \$1.9 MILLION GOING DIRECTLY TO 294 PARTICIPATING BEST FRIENDS NETWORK PARTNERS. BEST FRIENDS HOLDS ADOPTION EVENTS ALL YEAR LONG TO HELP MORE PETS FIND HOMES. BUT IN 2015 WITH \$1.1 MILLION IN FUNDING PROVIDED BY ZAPPOS, BEST FRIENDS' "HAPPY PAWLIDAYZ" PROMOTION HELPED 6,254 DOGS AND CATS FIND NEW HOMES IN JUST ONE WEEKEND. BEST FRIENDS' NO MORE HOMELESS PETS NETWORK IS A GROUP OF ANIMAL WELFARE ORGANIZATIONS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS. THE NETWORK HAS MORE THAN 1,800 (AND COUNTING) PARTNERS IN ALL 50 STATES. IN FISCAL YEAR 2016, BEST FRIENDS PRESENTED NETWORK PARTNERS WITH MORE THAN \$3.8 MILLION IN GRANTS THAT MADE IT POSSIBLE FOR THEM TO SAVE EVEN MORE HOMELESS PETS. NETWORK PARTNERS PARTICIPATING IN ADOPTION PROMOTIONS HELPED FIND HOMES FOR NEARLY 41,500 PETS. BEST FRIENDS PRESENTED THE HUMANE SOCIETY OF TAMPA BAY WITH A \$25,000 GRANT TO HELP FIND HOMES FOR SENIOR CATS (SOME OF THE MOST AT-RISK PETS IN SHELTERS). AS A RESULT, ADOPTIO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>N RATES FOR SENIOR CATS ROSE 37 PERCENT, MAKING IT POSSIBLE TO ACCEPT 122 MORE CATS FROM T HE LOCAL COUNTY SHELTER ALSO, IN LOUISVILLE, KENTUCKY , BEST FRIENDS AWARDED A \$50,000 GRA NT TO ALLEY CAT ADVOCATES TO FUND SPAY/NEUTER SURGERIES FOR MORE THAN 1,000 COMMUNITY CATS LARGE BREED DOGS OFTEN HAVE A HARDER TIME FINDING HOMES, SO WITH GENEROUS GRANTS FROM TH E SAN ANTONIO AREA FOUNDATION AND RACHEL'S RESCUE, BEST FRIENDS PARTNERED WITH SAN ANTONIO ANIMAL CARE SERVICES (SAACS) TO LAUNCH THE BIG DOG PROJECT SO FAR THE PROJECT HAS BEEN A HUGE SUCCESS SAACS HIRED A NEW DOG TRAINER WHO HELPED 726 BIG DOGS AND WITH THE PROGRAM'S HELP, 826 DOGS FOUND LOVING NEW HOMES IN FISCAL YEAR 2016 AT THE 2016 BEST FRIENDS NAT IONAL CONFERENCE HELD IN SALT LAKE CITY , UTAH, MORE THAN 1,300 PARTICIPANTS, INCLUDING 447 INDIVIDUALS REPRESENTING 187 NETWORK PARTNER GROUPS, HEARD INNOVATIVE IDEAS AND FOUND INS PIRATION TO HELP SAVE THEM ALL IN THEIR OWN COMMUNITIES THE CONFERENCE FEATURED THE ANNOUN CEMENT OF OUR BOLD NEW GOAL TO END THE KILLING IN AMERICA'S SHELTERS AND MAKE THE ENTIRE COUNTRY NO-KILL BY 2025 PLANS WERE SET IN MOTION TO HELP ACHIEVE THAT GOAL BEST FRIENDS CELEBRITY AMBASSADORS ARE CRITICAL TO SPREADING THE WORD ABOUT HOMELESS PETS AND RELEVANT ANIMAL WELFARE ISSUES WE WERE HAPPY TO HAVE ACTOR CHRISTOPHER WALKEN SERVE AS SPOKESPERSO N FOR OUR "I SAVED MY BEST FRIEND" CAMPAIGN WALKEN APPEARED ON NBC'S TODAY PROGRAM TO SHO W HIS SUPPORT FOR BEST FRIENDS THE MANY CELEBRITY AMBASSADORS PARTICIPATING IN BEST FRIEN DS PUBLIC OUTREACH PROGRAMS HAVE HELPED GROW THE ORGANIZATION'S SOCIAL MEDIA AUDIENCE TO MORE THAN 2 2 MILLION PROGRAM CITIES UTAH THE NO-KILL UTAH (NKUT) INITIATIVE, A BEST FRIE NDS LED COALITION, WHICH BRINGS TOGETHER MUNICIPAL SHELTERS, ANIMAL WELFARE ORGANIZATIONS AND DEDICATED INDIVIDUALS TO END THE KILLING OF PETS IN UTAH'S SHELTERS BY 2019, IS GAININ G MORE MOMENTUM THAN EVER FOR THE THIRD YEAR IN A ROW, UTAH IS NO-KILL FOR DOGS AND NEARL Y NO-KILL FOR CATS THE STATE'S OVERALL SAVE RATE FOR CATS AND DOGS IN FISCAL YEAR 2016 WA S 85 PERCENT WITH A 90 PERCENT OR HIGHER SAVE RATE IN FISCAL YEAR 2016, A TOTAL OF 33 UTA H SHELTERS WERE CONSIDERED NO-KILL AT THE BEST FRIENDS PET ADOPTION CENTER IN SALT LAKE C ITY , WHICH FEATURES ADOPTABLE PETS FROM OUR SHELTER PARTNER, A TOTAL OF 1,912 LUCKY DOGS A ND CATS FOUND LOVING HOMES AND AT THE BEST FRIENDS KITTEN NURSERY IN SALT LAKE CITY , THE NUMBER OF KITTENS GIVEN A SECOND CHANCE AT LIFE TOTALED 1,220 THE BEST FRIENDS SPAY/NEUTE R CLINICS IN OREM AND OGDEN, JUST OUTSIDE OF SALT LAKE CITY , SPAYED OR NEUTERED 11,420 PET S, ENSURING THAT COUNTLESS PETS WOULD NOT BE ENTERING SHELTERS IN THE FUTURE LOS ANGELES THE NO-KILL LOS ANGELES (NKLA) INITIATIVE, A BEST FRIENDS LED COALITION, WHICH BRINGS TOGE THER CITY SHELTERS, ANIMAL WELFARE GROUPS AND THOUSANDS OF INDIVIDUALS TO MAKE L A NO-KIL L BY THE END OF 2017, IS SAVING MORE LIVES THAN EVER. IN FISCAL YEAR 2016, THE SAVE RATE F OR DOGS AND CATS IN L A CITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>SHELTERS WAS 81.5 PERCENT - UP FROM 75.8 THE YEAR BEFORE. SINCE THE INITIATIVE LAUNCHED IN 2012, THE NUMBER OF DOGS AND CAT KILLED IN SHELTERS HAS DECREASED BY 79.2 PERCENT. WE ARE WELL ON OUR WAY TO ACHIEVING OUR NO-KILL GOAL. THE NKLA PET ADOPTION CENTER - L A 'S CHIC EST ADOPTION CENTER THAT SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS AND FROM BEST FRIENDS - FOUND HOMES FOR NEARLY 2,700 DOGS AND CATS. THE BEST FRIENDS PET ADOPTION AND SPAY/ NEUTER CENTER IN LOS ANGELES PULLED 5,330 PETS FROM L A ANIMAL SERVICE FACILITIES, FOUND HOMES FOR MORE THAN 3,600 OF THEM, AND PERFORMED 6,500 SPAY/NEUTER SURGERIES. NEWBORN KITT ENS TRAGICALLY ARE THE PETS MOST AT RISK PETS OF BEING KILLED LOS ANGELES CITY SHELTERS. THAT'S WHY OUR KITTEN NURSERY IN L A IS CRUCIAL FOR MAKING THE CITY NO-KILL. IN FISCAL YEA R 2016, THE NURSERY PROVIDED LIFESA VING SECOND CHANCES FOR 2,665 FRAGILE KITTENS. NEW YORK FOR YEARS, BEST FRIENDS HAS BEEN WORKING IN NEW YORK CITY TO SAVE THE LIVES OF HOMELESS P ETS. THROUGH ADOPTION AND FUNDRAISING EVENTS, AS WELL AS A LIFESA VING FOSTER PROGRAM, BEST FRIENDS DIRECTLY HELPED NEARLY 1,200 DOGS AND CATS IN FISCAL YEAR 2016, AND PULLED FROM T HE CITY'S SHELTERS 514 PETS IN DANGER OF BEING KILLED. IN FISCAL YEAR 2016, BEST FRIENDS, WORKING TOGETHER WITH OTHER PASSIONATE ANIMAL WELFARE GROUPS, SHELTERS AND INDIVIDUALS HEL PED NEW YORK CITY REACH NO-KILL FOR DOGS WITH A 90.5 PERCENT SAVE RATE. THE OVERALL SAVE RATE FOR DOGS AND CATS WAS 86.3 PERCENT, BRINGING THE CITY VERY CLOSE TO NO-KILL. ALSO IN N EW YORK CITY, BEST FRIENDS BEGAN CONSTRUCTION ON THE NEW BEST FRIENDS PET ADOPTION CENTER. LOCA TED IN SOHO, THE CENTER WAS CONSTRUCTED TO BE ANOTHER LIFESA VING OUTLET FOR THE CITY' S DOGS AND CATS. HOMELESS PETS FROM ANIMAL CARE CENTERS OF NYC AND OUR OTHER LOCAL ANIMAL WELFARE PARTNERS ARE FEATURED FOR ADOPTION AT THE CENTER. PIT BULL INITIATIVES. TRAGICALLY, IN SOME AREAS OF THE COUNTRY, VICTIMS OF ILLEGAL DOGFIGHTING RINGS ARE NOT GIVEN A CHANC E AT ADOPTION, EVEN WHEN THEY HAVE NOT BEEN INDIVIDUALLY EVALUATED. BUT WITH HELP FROM THE LEGISLATIVE EFFORTS OF BEST FRIENDS, THAT'S CHANGING. IN CALIFORNIA, GOV. JERRY BROWN SIG NED A BEST FRIENDS-SPONSORED BILL THAT GIVES DOGS SEIZED IN DOGFIGHTING CASES A CHANCE AT FINDING FOREVER HOMES. AND IN WISCONSIN, AB 487/SB 450 WAS SIGNED INTO LAW, GIVING VICTIMS OF DOGFIGHTING CASES THE SECOND CHANCE AT LIFE THEY DESERVE. PRIOR TO THAT BILL, WISCONSI N WAS ONE OF 12 STATES STILL ORDERING THAT RESCUED DOGFIGHTING VICTIMS BE AUTOMATICALLY KI LLED.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>OUR ADVOCACY EFFORTS ARE CRUCIAL FOR HELPING KEEP DOGS SAFE AT HOME WITH THEIR FAMILIES, BUT SO IS EDUCATION THAT'S WHY BEST FRIENDS WORKS TO EDUCATE THE PUBLIC ABOUT PIT-BULL-TERRIER-LIKE DOGS IN AN EFFORT TO BREAK THE NEGATIVE STIGMA AROUND THEM THE VICKTORY DOGS (THE 22 DOGS RESCUED FROM THE PROPERTY OF NFL QUARTERBACK MICHAEL VICK AND BROUGHT TO THE SANCTUARY FOR LOVE AND TRAINING), HAVE EDUCATED THE PUBLIC AND SHOWN THEM THAT EVERY DOG, REGARDLESS OF PAST HISTORY OR BREED, CAN BE A WONDERFUL, LOVING PET AND LAST YEAR, A DOCUMENTARY FILM CALLED THE CHAMPIONS WAS RELEASED IT TELLS THE STORY OF SOME OF THOSE VICKTORY DOGS, AS WELL AS THE STORY OF BEST FRIENDS AND OTHER GROUPS WHO RESCUED THEM THE FILM, WITH 145 SCREENINGS IN 41 STATES, PLUS AVAILABILITY FOR STREAMING ON NETFLIX, DID A GREAT DEAL TO RAISE PUBLIC AWARENESS OF BREED DISCRIMINATION BEST FRIENDS' LEGISLATIVE TEAM CELEBRATED 22 WINS FOR PIT-BULL-TERRIER-LIKE DOGS (15 CITY, SIX STATE, AND ONE FEDERAL) A TOTAL OF 20 (AND COUNTING) STATES HAVE ADOPTED PROVISIONS AGAINST BREED DISCRIMINATION LEGISLATION MORE THAN 37,200 EMAILS RELATED TO OUR PIT BULL INITIATIVES WERE SENT IN BY CARING PEOPLE THROUGH OUR LEGISLATIVE ACTION CENTER AND SINCE BEST FRIENDS' PIT BULL INITIATIVE EFFORTS BEGAN IN 2009, WE'VE BEEN ABLE TO POSITIVELY IMPACT MORE THAN 19 MILLION PIT-BULL -TERRIER-LIKE DOGS PUPPY MILL INITIATIVES BEST FRIENDS CONTINUES ITS WORK TO PUT AN END TO PUPPY MILLS BY FOCUSING ON THE SOURCE OF THE PROBLEM RETAIL STORES SELLING MILL-BRED PETS OUR WORK INCLUDES SPEARHEADING ORDINANCES AND ENCOURAGING PET STORES TO OFFER ANIMALS FOR ADOPTION, RATHER THAN SELL MILL-BRED PETS WE ALSO WORK TO EDUCATE THE PUBLIC ABOUT THE DEPLORABLE LIVING CONDITIONS OF MILL-BRED PETS, AND URGE PEOPLE TO ADOPT (INSTEAD OF BUY) THEIR NEW BEST FRIENDS AS A RESULT OF THESE EFFORTS, 102 NEW COMMUNITIES HAVE BANNED THE SALE OF MILL-BRED PETS IN RETAIL STORES, BRINGING THE TOTAL NUMBER OF COMMUNITIES IN THE U.S. AND CANADA BANNING SUCH SALES TO 191 OUR PUPPY MILL INITIATIVE LEGISLATIVE EFFORTS RESULTED IN 86 WINS (82 ORDINANCES, THREE STATE BILLS AND ONE POLICY CHANGE) ALONG WITH A TEAM OF PASSIONATE LOCAL ADVOCATES IN NEW JERSEY, BEST FRIENDS HELPED ENACT 51 RETAIL PET STORE ORDINANCES AND IN SARASOTA COUNTY, FLORIDA, BEST FRIENDS HELPED ENACT A MAJOR ORDINANCE THAT BANS THE SALE OF DOGS AND CATS IN PET STORES, UNLESS THEY COME FROM SHELTERS OR RESCUE GROUPS NEARLY 19,500 EMAILS FROM CONCERNED CONSTITUENTS WERE SENT THROUGH BEST FRIENDS' LEGISLATIVE ACTION CENTER, URGING LEGISLATORS TO REGULATE COMMERCIAL BREEDING AND SHOWING THEM THAT THE CONTINUING PROBLEM OF INHUMANE TREATMENT OF DOGS IN PUPPY MILLS IS SOMETHING THAT PEOPLE DEEPLY CARE ABOUT CAT INITIATIVES BEST FRIENDS RUN LIFESAVING COMMUNITY CAT PROGRAMS IN MULTIPLE CITIES ACROSS THE COUNTRY THE PROGRAMS ARE DESIGNED TO SAVE THE LIVES OF COMMUNITY (STRAY, FREE-ROAMING) CATS THROUGH TRAP-NEUTER-RETURN (TNR) TNR PROGRAMS TRAP, SPAY OR NEUTER A</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	ND VACCINATE COMMUNITY CATS AND THEN RETURN THEM TO THEIR OUTDOOR HOMES OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING LIVES BECAUSE CATS (ESPECIALLY COMMUNITY CATS) ARE AMONG THE MOST A T-RISK PETS IN SHELTERS COMMUNITY CAT PROGRAMS ARE ACTIVE IN LAS VEGAS, NEVADA, LOS ANGEL ES, CALIFORNIA, ATLANTA, GEORGIA, AND IN THE ENTIRE STATE OF UTAH WE ALSO RUN COMMUNITY CAT PROGRAMS IN COLLABORATION WITH PETSMART CHARITIES IN PIMA COUNTY, ARIZONA, PHILADELPHIA , PENNSYLVANIA, BALTIMORE, MARYLAND, AND COLUMBUS, GEORGIA THIS PAST AUGUST, OUR COMMUNIT Y CATS PROJECT IN BALTIMORE, IN PARTNERSHIP WITH PETSMART CHARITIES, WRAPPED UP ITS FINAL YEAR OF PROGRAMMING AND ENTERED A NEW PHASE SUSTAINABILITY BALTIMORE ANIMAL RESCUE AND C ARE SHELTER (BARCS) IS NOW SAVING AT LEAST 90 PERCENT OF THE CATS ENTERING THE SHELTER BE ST FRIENDS CELEBRATED 21 LEGISLATIVE WINS FOR COMMUNITY CATS (12 CITY, THREE COUNTY, AND S IX STATE) THAT MEANS FEWER CATS WILL ENTER SHELTERS IN THE FUTURE AND COUNTLESS LIVES WIL L BE SAVED MORE THAN 42,000 COMMUNITY CATS WERE HELPED BY BEST FRIENDS COMMUNITY CAT PROG RAMS AND CONTINUED PARTNERSHIPS WITH HUMANE, EFFECTIVE TNR PROGRAMS ACROSS THE NATION AND NEARLY 21,500 EMAILS WERE SENT THROUGH OUR LEGISLATIVE ACTION CENTER BY COMPASSIONATE IND IVIDUALS ON BEHALF OF THE LIVES OF COMMUNITY CATS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLC, THE CHIEF FINANCIAL OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE FINANCE COMMITTEE. THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL REVIEW BEFORE BEING FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICIERS, AND STAFF ARE REQUIRED TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT OF INTEREST POLICY THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS, COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY THIS POLICY REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST IS HELD BE DISCLOSED TO THE BOARD THE SENIOR FINANCIAL MANAGEMENT OF BEST FRIENDS, INCLUDING THE CFO AND CONTROLLER,ROUTINELY MONITOR ALL TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY THIS POLICY IS CURRENTLY UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE, INCLUDING REQUIRING MORE FREQUENT SIGN-OFF ON POLICY ,MORE REPORTING, AND RESTRICTIONS ON PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CFO, CDMO, CRPO, CIO, CDO AND THE CNPO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CEO REVIEWS THOSE SALARIES WITH THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, SUBJECT TO APPROVAL OF SENIOR MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,041,599 UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT 432,523 WELLNESS CENTER NET LOSS -53,707 ELIMINATION OF FITNESS EXPENSES -120,042 MISCELLANEOUS ADJUSTMENT -18,377

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEST FRIENDS PRODUCTIONS LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-2566720	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UT	10,176	410,176	BEST FRIENDS ANIMAL SOCIETY
(2) 1089 WYCKOFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0717002	HOLD LEASE ON BUILDING IN NEW YORK, NY	UT	-197,762	92,682	BEST FRIENDS ANIMAL SOCIETY
(3) 307 WEST BROADWAY LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4201980	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	-350,239	114,862	BEST FRIENDS ANIMAL SOCIETY
(4) CHUFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4259736	PURCHASE PROPERTY IN KANAB, UT	UT	-102,702	2,428,780	BEST FRIENDS ANIMAL SOCIETY
(5) AMBER HOUSING LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0898475	PURCHASE PROPERTY IN KANAB, UT	UT	-25,230	1,328,024	BEST FRIENDS ANIMAL SOCIETY

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BEST FRIENDS WELLNESS (1)CENTER INC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-3149724	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C	-53,707	59,032	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER INC	A	12,000	ARM'S LENGTH ESTIMATE OF RENT
(2) BEST FRIENDS WELLNESS CENTER INC	J	12,000	ARM'S LENGTH ESTIMATE OF RENT
(3) BEST FRIENDS WELLNESS CENTER INC	O	47,168	PORTION OF SALARY AND PAYROLL TAX

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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